



## Complete Summary

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### TITLE

Diabetes mellitus: the percentage of patients with diabetes with a diagnosis of proteinuria or micro-albuminuria who are treated with angiotensin-converting enzyme (ACE) inhibitors (or angiotensin II [A2] antagonists).

### SOURCE(S)

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients with diabetes with a diagnosis of proteinuria or micro-albuminuria who are treated with angiotensin-converting enzyme (ACE) inhibitors (or angiotensin II [A2] antagonists).

### RATIONALE

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over one million people in the United Kingdom (UK) having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the general practitioner and members of the primary care team. This measure is one of seventeen [Diabetes Mellitus](#) measures.

The [Diabetes Mellitus](#) indicators are based on widely recognised approaches to the care of diabetes. Detailed guidelines for health professionals are published by Diabetes UK and by SIGN - the Scottish Intercollegiate Guidelines Network. The SIGN website contains detailed evidence tables, and links to published articles. The English National Service Framework for Diabetes also includes details of the evidence behind a range of recommendations. The National Institute for Health and Clinical Excellence (NICE) has also published guidance on a number of aspects of diabetic control.

The indicators for diabetes are generally those which would be expected to be done, or checked in an annual review. There is no requirement on the general practitioner (GP) practice to carry out all these items (e.g. retinal screening), but it is the practice's responsibility to ensure that they have been done.

This set of indicators relates to both Type 1 and Type 2 diabetes. Although the care of patients with Type 1 diabetes may be shared with specialists, the general practitioner would still be expected to ensure that appropriate annual checks had been carried out.

The progression of renal disease in patients with diabetes is slowed by treatment with angiotensin-converting enzyme (ACE) inhibitors, and trial evidence suggests that these are most effective when given in the maximum dose quoted in the British National Formulary (BNF). Although trial evidence is based largely on ACE inhibitors, it is believed that similar benefits occur from treatment with angiotensin II (A2) antagonists in patients who are intolerant of ACE inhibitors.

Patients with a diagnosis of microalbuminuria or proteinuria should be commenced on an ACE inhibitor or considered for angiotensin II antagonist therapy (SIGN 55, "Management of Diabetes," November 2001).

## **PRIMARY CLINICAL COMPONENT**

Diabetes mellitus; proteinuria; micro-albuminuria; angiotensin-converting enzyme (ACE) inhibitors; angiotensin II (A2) antagonists

## **DENOMINATOR DESCRIPTION**

Patients with diabetes with a diagnosis of proteinuria or micro-albuminuria (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Number of patients from the denominator who are treated with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II (A2) antagonists\*

**\*Note:** Practices should report the number of patients with a prescription for ACE inhibitor or A2 antagonist in the last six months.

## **Evidence Supporting the Measure**

## **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement  
National reporting  
Pay-for-performance

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

### TARGET POPULATION AGE

Age greater than or equal to 17 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

### **BURDEN OF ILLNESS**

Unspecified

### **UTILIZATION**

Unspecified

### **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### **IOM CARE NEED**

Living with Illness

### **IOM DOMAIN**

Effectiveness

## Data Collection for the Measure

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Patients with diabetes with a diagnosis of proteinuria or micro-albuminuria\*

**\*Note:** The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The following criteria have been agreed for exception reporting:

- A. patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months
- B. patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g., terminal illness, extreme frailty
- C. patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months, e.g., blood pressure or cholesterol measurements within target levels
- D. patients who are on maximum tolerated doses of medication whose levels remain suboptimal
- E. patients for whom prescribing a medication is not clinically appropriate, e.g., those who have an allergy, another contraindication or have experienced an adverse reaction
- F. where a patient has not tolerated medication
- G. where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records
- H. where the patient has a supervening condition which makes treatment of their condition inappropriate, e.g., cholesterol reduction where the patient has liver disease
- I. where an investigative service or secondary care service is unavailable

Refer to the original measure documentation for further details.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients with diabetes with a diagnosis of proteinuria or micro-albuminuria

### **Exclusions**

Exclude those patients age 16 years and under and patients with gestational diabetes.

See "Description of Case Finding" field for exception reporting.

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Number of patients from the denominator who are treated with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II (A2) antagonists\*

**\*Note:** Practices should report the number of patients with a prescription for ACE inhibitor or A2 antagonist in the last six months.

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Medical record  
Pharmacy data  
Registry data

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

External comparison at a point in time  
Internal time comparison  
Prescriptive standard

**PRESCRIPTIVE STANDARD**

Payment stages: 40-80%

## **EVIDENCE FOR PRESCRIPTIVE STANDARD**

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

### **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

Unspecified

### **Identifying Information**

## **ORIGINAL TITLE**

DM 15. The percentage of patients with diabetes with a diagnosis of proteinuria or micro-albuminuria who are treated with ACE inhibitors (or A2 antagonists).

## **MEASURE COLLECTION**

[Quality and Outcomes Framework Indicators](#)

## **MEASURE SET NAME**

[Diabetes Mellitus](#)

## **DEVELOPER**

British Medical Association  
National Health Service (NHS) Confederation

## **FUNDING SOURCE(S)**

The expert panel who developed the indicators were funded by the English Department of Health.

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

The main indicator development group is based in the National Primary Care Research and Development Centre in the University of Manchester. They are: Professor Helen Lester, NPCRDC, MB, BCH, MD; Dr. Stephen Campbell, NPCRDC, PhD; Dr. Umesh Chauhan, NPCRDC, MB, BS, PhD.

Others involved in the development of individual indicators are: Professor Richard Hobbs, Dr. Richard McManus, Professor Jonathan Mant, Dr. Graham Martin, Professor Richard Baker, Dr. Keri Thomas, Professor Tony Kendrick, Professor

Brendan Delaney, Professor Simon De Lusignan, Dr. Jonathan Graffy, Dr. Henry Smithson, Professor Sue Wilson, Professor Claire Goodman, Dr. Terry O'Neill, Dr. Philippa Matthews, Dr. Simon Griffin, Professor Eileen Kaner.

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None for the main indicator development group.

## **ENDORSER**

National Health Service (NHS)

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2004 Apr

## **REVISION DATE**

2009 Mar

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: British Medical Association (BMA), and NHS Employers. Quality and outcomes framework guidance for GMS contract 2008/09. London (UK): British Medical Association, National Health Service Confederation; 2008 Apr. 148 p.

## **SOURCE(S)**

British Medical Association (BMA) and NHS Employers. Quality and outcomes framework guidance for GMS contract 2009/10. London (UK): British Medical Association, National Health Service Confederation; 2009 Mar. 162 p.

## **MEASURE AVAILABILITY**

The individual measure, "DM 15. The Percentage of Patients with Diabetes with a Diagnosis of Proteinuria or Micro-albuminuria Who Are Treated with ACE Inhibitors (or A2 Antagonists)," is published in the "Quality and Outcomes Framework Guidance." This document is available from the [British Medical Association Web site](#).

## **NQMC STATUS**



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